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| APPLICATION NO.  | APPLICATION NO. FILING DATE  |   | FIRST NAMED INVE   |  | TOR ATTORNEY DOCKET N  |  | RNEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 10/078,531   | 10/078,531 02/21/2002  |   |  | Denis Martin                                 |  |  | 484112.423   | 3055   |  |
| TITLE OF INVENTION:  | STREPTOCOCCUS P  | YOGENES POLYPEPTI   | DES AND CORRESI  | PONI   | DING DNA FRAG  | MENTS  | 3  |  |  |
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| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE I  | OUE  | PREV. PAID ISSUE   | E FEE  | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional   | NO   | \$1440  | \$300  |  | \$0  |  | \$1740   | 12/22/2008   |  |
| EXAMI  | EXAMINER   |   | CLASS-SUBCLASS   | S  |  |  |  | *  |  |
| DUFFY, PAT   | DUFFY, PATRICIA ANN  |   | 424-190100   |  |  |  |  | 1 - 6/4 st<br>1 - 15/4   |  |
| 1. Change of corresponde CFR 1.363).   | nce address or indicatio   | n of "Fee Address" (37  |  | -  | atent front page, lis  |  | ı Seed I   | P Law Group PLI  |  |
|  | nge of Correspondence  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                                   |  |  |  |  |  |  |  |
| Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form |  |   | registered attorney or agent) and the names of up to   |  |  |  |  |  |  |
| PTO/SB/47; Rev 03-02<br>Number is required.  | 2 or more recent) attach   | ed. Use of a Customer   | 2 registered paten<br>listed, no name wi   | t atto                                       | rneys or agents. If:   | no name  |  |  |  |
| 3. ASSIGNEE NAME AN  | ND RESIDENCE DATA  | A TO BE PRINTED ON  | THE PATENT (print of   | or typ                                       | pe)  |  |  | 101<br>101   |  |
| PLEASE NOTE: Unle  | ess an assignee is ident   | ified below, no assignee bletion of this form is NO   | data will appear on t  | he p   | atent. If an assign  | ee is id   | entified below, the d  | ocument has been filed for   |  |
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| ID Biomedical Corporation Laval, Canada  |  |   |  |  |  |  |  |  |  |
|  |  |   |  |  | , inch   |  |  | ( · · · )  |  |
| Please check the appropri  | ate assignee category or   | categories (will not be pa  | rinted on the patent):   |  | Individual 🛎 Co  | orporatio  | on or other private gro  | oup entity Government  |  |
| 4a. The following fee(s) a   | re submitted:  | 4   | b. Payment of Fee(s):  | (Plea  | ise first reapply ar   | ny previ   | iously paid issue fee  | shown above)   |  |
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| 5. Change in Entity Stat   | us (from status indicate<br>SMALL ENTITY stati   | -   | ☐ b Applicant is no  | o lon  | ger claiming SMAI  | J. ENT   | TTY status. See 37 C   | FR 1.27(g)(2).   |  |
| * *  | l Publication Fee (if req  | uired) will not be accepte  | d from anyone other t  |  |  |  |  | he assignee or other party in  |  |
| Authorized Signature   | Mar Joa  | une Rom   | k  |  | DateDe   | cemb   | er 17, 2008  |  |  |
|  | Mae Joanne   |   |  |  | Registration N   | io. <u>48</u>                                      | <b>,</b> 903   | - 172  |  |
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